STATE OF DELAWARE – DIVISION OF MOTOR VEHICLES REPORT OF VISUAL STATUS BY AN OPTOMETRIST OR OPHTHALMOLOGIST

NAME OF APPLICANT ADDRESS				D.O.B		
DIVISION LO	OCATION					_
VISUAL ACUITY	NO R/	WITH R/			YE DISEASE OR DEFECTOF STRUCTURE PERFORMANCE NOW OR IN THE FUTURE	!?
R.E.	20/	20/	CONTACT LENS			
L.E.	20/	20/	GLASSES			
B.E.	20/	20/				
WOULD DRIVE	R'S VISUAL ABILITIES	BE				
IMPROVED BY CORRECTIVE LENS?				IN THE CAUSE OF SAFETY, ARE THERE ANY RESTIRCTIONS THAT		
ARE THEY BEING PRESCRIBED?				SHOULD BE IMPOSED ON THE	LICNESE? NO YES	
DESCRIBE ANY	Y FIELD DEFECT:			CORRECTIVE LENSES DAYLIGHT DRIVING ONLY		
MV-312					Doc. No. 45-07-95-0	19-0
WITH REGARD TO DRIVING, HOW OFTEN SHOULD APPLICANT HAVE VISION CHECKED?				I HEREBY CERTIFY THAT I'M LICENSED TO PRACTICE IN THE STATE OF		
1 YR.	2 YR. 3 YR.	4 YR.			IN THE STATE	OF
ARE THERE ANY CIRCUMSTANCES THAT MIGHT BE EXPLAINED TO AID FINAL DISPOSITION OF THIS CASE?				LIC OR REC. NO		
REMARKS:				NAME AND DEGREE – PLEASE PRINT		
				ADDRESS		
				SIGNATURE	DATE	
				PRESCRIPTION BLANK OR STATEMENT OF EXAMINING DOCTOR $\underline{\textit{MUST}}$ BE INCLUDED WITH THIS REPORT. MAIL TO EXAMINER AT HIS LOCATION		
				(DO NOT RETURN TO APPLICANT)		
20/	40 -UNRESTRIC	red ,	20/50 - DAYLIGHT	DRIVING ONLY REL	OW 20/50 – LICENSE DENIED	,